# MULTIPLE DEPENDENT CLAIM
# FEE CALCULATION SHEET
## (FOR USE WITH FORM PTO-875)

| SERIAL NO. | FILING DATE |
|---|---|
| 10/599731 | 10-6-06 |

CLAIMS

| CLAIMS | AS FILED IND. | AS FILED DEP. | AFTER 1st AMENDMENT IND. | AFTER 1st AMENDMENT DEP. | AFTER 2nd AMENDMENT IND. | AFTER 2nd AMENDMENT DEP. | | | AS FILED IND. | AS FILED DEP. | AFTER 1st AMENDMENT IND. | AFTER 1st AMENDMENT DEP. | AFTER 2nd AMENDMENT IND. | AFTER 2nd AMENDMENT DEP. |
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| 1 | | | | | | | | 51 | | | | | | |
| 2 | | | | | | | | 52 | | | | | | |
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| 10 | | | | | | | | 60 | | | | | | |
| 11 | | | | | | | | 61 | | | | | | |
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| 14 | | | | | | | | 64 | | | | | | |
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| 18 | | | | | | | | 68 | | | | | | |
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| 50 | | | | | | | | 100 | | | | | | |
| TOTAL IND. | | | 1 | | | | | | | | | | | |
| TOTAL DEP. | | | 5 | | | | | | | | | | | |
| TOTAL CLAIMS | | | 6 | | | | | | | | | | | |